

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

Request to

- ☐ Change Placement
☐ Revise Dispositional Order
☐ Extend Dispositional Order
☐ Review Permanency Plan

Name

Date of Birth

Case No. _____

Child/Juvenile's Street and City Address

Father's Name

Father's Address

Mother's Name

Mother's Address

Guardian, Legal Custodian, Spouse, if any. If none, nearest relative's name.

Address

I request that the court (*check all that apply in sections 1-4*):

☐ **1. Change the placement as of** _____

Give the reason for the new placement, why it is preferable and how it satisfies treatment plan:

☐ See attached. _____

Name and address of proposed placement:

☐ The juvenile is placed out of the home.

a. Placement in the home at this time is contrary to the welfare of the juvenile and the community because:

b. Reasonable efforts to prevent removal were: (*Complete one of the following.*)

☐ made by the department or agency responsible for providing services in the following manner:

☐ not possible due to the following emergency situation:

☐ not required under §48.355(2d) or §938.355(2d) because: _____

☐ **2. Revise the dispositional order.**

Specify in detail the revisions requested: <input type="checkbox"/> See attached. _____
Because of the following new information:

☐ **3. Extend the current dispositional order.**

Date current dispositional order expires:	Date dispositional order should be extended to:
Because of the following reasons: <input type="checkbox"/> See attached. _____	

☐ **4. Review permanency plan. Permanency plan is attached.**

Date of last review hearing:	Hearing must be held on or before:
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Distribution:

1. Original - Court
2. Child/Juvenile and Attorney
3. Parents/Guardian/Legal Custodian/Attorney (if any)
4. Social Worker
5. Physical Custodian
6. District Attorney/Corporation Counsel
7. Guardian ad Litem

Signature
Name Printed or Typed
Date